

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

(Schedule E)

PAGE 1 OF 1
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Congressional Leadership Fund		FEC IDENTIFICATION NUMBER ▼ C C00504530	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <table border="1" style="display:inline-table; margin:0 5px;">M M M</table> / <table border="1" style="display:inline-table; margin:0 5px;">D D D</table> / <table border="1" style="display:inline-table; margin:0 5px;">Y Y Y Y Y Y Y Y</table>	

Full Name of Payee Connection Strategy		Date of Public Distribution/Dissemination <table border="1" style="display:inline-table; margin:0 5px;">10</table> / <table border="1" style="display:inline-table; margin:0 5px;">27</table> / <table border="1" style="display:inline-table; margin:0 5px;">2016</table>	
Mailing Address P.O. Box 2192		Amount <table border="1" style="display:inline-table; margin:0 5px;">38806.50</table>	
City Arlington	State VA	Zip Code 22202	Transaction ID : 001
Purpose of Expenditure Phone calls	Category/Type 004	Date of Disbursement or Obligation <table border="1" style="display:inline-table; margin:0 5px;">10</table> / <table border="1" style="display:inline-table; margin:0 5px;">26</table> / <table border="1" style="display:inline-table; margin:0 5px;">2016</table>	
Name of Federal Candidate Perkins, Randy, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 18 State: FL <input type="checkbox"/> President	
Calendar Year-To-Date Per Election for Office Sought <table border="1" style="display:inline-table; margin:0 5px;">2704702.12</table>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Gridiron Communications		Date of Public Distribution/Dissemination <table border="1" style="display:inline-table; margin:0 5px;">10</table> / <table border="1" style="display:inline-table; margin:0 5px;">27</table> / <table border="1" style="display:inline-table; margin:0 5px;">2016</table>	
Mailing Address 3903 Portage Road Suite C #262		Amount <table border="1" style="display:inline-table; margin:0 5px;">12982.85</table>	
City South Bend	State IN	Zip Code 46628	Transaction ID : 002
Purpose of Expenditure Direct mail	Category/Type 004	Date of Disbursement or Obligation <table border="1" style="display:inline-table; margin:0 5px;">10</table> / <table border="1" style="display:inline-table; margin:0 5px;">27</table> / <table border="1" style="display:inline-table; margin:0 5px;">2016</table>	
Name of Federal Candidate Perkins, Randy, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 18 State: FL <input type="checkbox"/> President	
Calendar Year-To-Date Per Election for Office Sought <table border="1" style="display:inline-table; margin:0 5px;">2717684.97</table>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<table border="1" style="display:inline-table; margin:0 5px;">51789.35</table>
(b) SUBTOTAL of Unitemized Independent Expenditures▶	<table border="1" style="display:inline-table; margin:0 5px;"></table>
(c) TOTAL Independent Expenditures.....▶	<table border="1" style="display:inline-table; margin:0 5px;">51789.35</table>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Crosby, Caleb, , ,

[Electronically Filed]

Date

 /

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Signature